

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	Attorney Docket No.	82697.0002.002
	First Named Inventor	Thomas W. Konowalchuk
	<b>COMPLETE IF KNOWN</b>	
	Application Number	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing         OR <input type="checkbox"/> Declaration Submitted after Initial Filing-- surcharge 37 CFR 1.16(e) required	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD FOR TREATING AN INFLAMMATION OR LESION  
CAUSED BY A VIRUS**

the specification of which

☒ is attached hereto

OR

☐ was filed on  
(MM/DD/YYYY)

as U.S. Application No. or  
PCT International Application No.

and was amended on  
(MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Appl. No.(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

Application Number(s)      Filing Date (MM/DD/YYYY)


### DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any U.S. application(s) or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application

U.S. Parent Application or PCT Parent No.	Parent Filing Date (MM/DD/YY)	Parent Patent No. (if applicable)
09/795,279	02/28/01	

☐ Additional U.S. or PCT international application nos. listed on PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith:

Place bar code label here ➡➡

OR

☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number  
or Bar Code Label


OR ☒ Correspondence  
address below

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**Name of Sole or First Inventor:** ☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any])	Family Name or Surname
Thomas W.	Konowalchuk

Inventor's Signature		Date 11-28-01
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Residence City	<b>Newport</b>	State	<b>OR</b>	Country	<b>US</b>	Citizenship	<b>CA</b>
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☒ Additional inventors are named on 1 supplemental additional inventor(s) sheet(s) PTO/SB/02A attached

**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 1 of 1

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

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Family Name or Surname

**Jack****Konowalchuk**Inventor's  
Signature*Joseph Konowalchuk*

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Name of Additional Joint Inventor, if any:

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Given Name (first and middle [if any])

Family Name or Surname

Inventor's  
Signature

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Residence: City

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